

Health Plans At-A-Glance

Kaiser Senior Advantage Retirees (With Medicare A & B)

Special Plan for Retirees With Medicare A & B

Kaiser Permanente offers a health plan specifically designed for Retirees who are covered under Medicare Parts A & B and live in the approved Southern California service area.

This health plan is especially designed with enhanced benefits for Seniors. In addition to basic coverage, the plan may offer limited:

- Dental Care
- Hearing Exams
- Podiatry
- Hospice Care

	Kaiser Senior Advantage**
BENEFIT	You or Your Dependents Pay:
Medicare	Requires Medicare Parts A & B
Maximum Lifetime Coverage	No Dollar Limit
Calendar Year Deductible	No Deductible
Hospital Services	
• Inpatient	\$100 Per Admission
• Outpatient	\$15 Charge
• No Precertification Review	N/A
Physician Care	
• Office Visits	\$15 Per Visit
• Second Opinion	\$15 Per Visit
• w/o Second Opinion	N/A
• Well Baby Care	No Charge to 23 Months
• Diagnostic X-rays/Lab	No Charge
• Immunizations	No Charge
Durable Medical Equipment	No Charge
Routine Exams - Adults	
• Annual Physical	\$15 Charge
• Prostate Screening	\$15 Charge
• Well Women Exams	\$15 Charge
	Note: For well women exams, may self-refer to a Kaiser Provider.
Maternity Care	\$100 Per Admission
Prescription Drugs	\$10 - Generic Prescription \$15 - Brand Prescription Up to 100-Day Supply Dental Prescriptions Included

	Kaiser Senior Advantage**
BENEFIT	You or Your Dependents Pay:
Chiropractic	\$15 Charge Up to 30 Visits Per Year
Eye Refractions	\$150 Frame and Lens Allowance Every 24 Months, Exam \$15 Charge
Family Planning	
• Contraceptives	\$10 Generic \$15 Brand
• Vasectomy	\$15 Charge
• Tubal Ligation	\$15 Charge
• Infertility Services	Limited, \$15 Per Visit
Mental Health*	
• Inpatient	\$100 Per Admission, Up to 45 days
• Outpatient	\$15 Per Visit
• Lifetime Maximum	190 days
Alcohol & Drug Abuse	
• Inpatient	\$100 Per Admission, Detox Only
• Outpatient	\$15 Per Visit
• Maximum Yearly Outpatient	Unlimited
• Lifetime Maximum	N/A
Home Health Care	No Charge
Skilled Nursing Facility	No Charge Up to 100 Days
Emergency Services	\$50 Charge – Waived if Admitted
Ambulance	No Charge

This is a general description and overview of Kaiser Senior Advantage Plan.

*Note: The number of days maximum does not apply to certain conditions that are covered same as any other illness in accordance with California Mental Health Parity Act.

**HMO Plans: Designed to provide quality comprehensive medical services, routine and preventive care while controlling costs by using either its own doctors or health care centers or by providing services through contractual arrangements with community health care providers.

Health Plans At-A-Glance

The following chart provides an overview of your health plan options through the County of Orange. *This comparison is intended to give a general description and overview of available plans. See individual plan material for detailed information.*

BENEFIT	Preferred Provider Organization (PPO) Plans*				Health Maintenance Organizations (HMOs)**	
	Premier Wellwise		Premier Sharewell		CIGNA Private Practice	Kaiser
	You or Your Dependent(s) Pay:		You or Your Dependent(s) Pay:		You or Your Dependent(s) Pay:	You or Your Dependent(s) Pay:
	PPO Provider	Non-PPO Provider	PPO Provider	Non-PPO Provider	HMO Provider	HMO Provider
Maximum Lifetime Coverage	\$1,000,000		\$1,000,000		No Dollar Limit	No Dollar Limit
Calendar Year Deductible	\$300 Per Individual \$600 Per Family		\$5,000 Per Family		No Deductible	No Deductible
Hospital Services						
• Inpatient	10%	20%	10%	20%	\$100 Per Admission	\$100 Per Admission
• Outpatient	10%	20%	10%	20%	\$15 Per Visit	\$15 Per Visit
• No Precertification Review	40%	40%	40%	40%	N/A	N/A
Physician Care						
• Office Visits	10%	20%	10%	20%	\$15 Per Visit	\$15 Per Visit
• Second Opinion	10%	20%	10%	20%	\$15 Per Visit	\$15 Per Visit
• w/o Second Opinion	40%	40%	40%	40%	N/A	N/A
• Well Baby Care	No Charge	Not Covered	No Charge	Not Covered	No Charge	No Charge to 23 months
• Diagnostic X-rays/Lab	10%	20%	10%	20%	No Charge	No Charge
• Immunizations	No Charge (Limited)	Not Covered	No Charge (Limited)	Not Covered	No Charge	No Charge
Routine Exams – Adults	No charge up to a maximum annual benefit amount of \$250 In-network only (Except \$250 annual limit does not apply to specific procedures under "Wellness Benefit" in plan document).	Limited to specific procedures under the "Wellness Benefit." See Plan Document.	No charge up to a maximum annual benefit amount of \$250 In-network only (Except \$250 annual limit does not apply to specific procedures under "Wellness Benefit" in plan document).	Limited to specific procedures under the "Wellness Benefit." See Plan Document.	No charge up to a maximum annual benefit amount of \$250 In-network only (Except \$250 annual limit does not apply to specific procedures under "Wellness Benefit" in plan document).	Limited to specific procedures under the "Wellness Benefit." See Plan Document.
• Annual Physical					\$15 Charge	\$15 Charge
• Prostate Screening					\$15 Charge	\$15 Charge
• Well Women Exams					\$15 Charge	\$15 Charge
					Note: Well women exams are for breast and pelvic only; not a complete physical. May self-refer within designated plan medical group	Note: For well women exam, may self-refer to a Kaiser provider
Prescription Drugs	20%	20%	20%	20%	\$10 Generic Prescription \$15 Brand Prescription 30-Day Supply	\$10 Generic Prescription \$15 Brand Prescription Up to 100-Day Supply Dental Prescriptions Included
Maternity Care	10%	20%	10%	20%	\$100 Per Admission	\$100 Per Admission
Emergency Services	10%	20%	10%	20%	\$50 Per Visit Waived if admitted	\$50 Per Visit Waived if admitted
Ambulance	20%	20%	20%	20%	No Charge	No Charge

BENEFIT	Preferred Provider Organization (PPO) Plans*				Health Maintenance Organizations (HMOs)**	
	Premier Wellwise		Premier Sharewell		CIGNA Private Practice	Kaiser
	You or Your Dependent(s) Pay:		You or Your Dependent(s) Pay:		You or Your Dependent(s) Pay:	You or Your Dependent(s) Pay:
	PPO Provider	Non-PPO Provider	PPO Provider	Non-PPO Provider	HMO Provider	HMO Provider
Family Planning • Contraceptives • Vasectomy • Tubal Ligation • Infertility Services	Not Covered	Not Covered	Not Covered	Not Covered	\$10 Generic Prescription \$15 Brand Prescription \$15 Charge \$15 Charge Limited, \$15 Per Visit	\$10 Generic Prescription \$15 Brand Prescription \$15 Charge \$15 Charge Limited, \$15 Per Visit
Mental Health • Inpatient • Outpatient • Maximum Yearly Outpatient • Lifetime Maximum	10%	20%	10%	20%	\$100 Per Admission, Up to 30 Days \$20 Per Visit N/A N/A Note: Lifetime, visit and day maximums do not apply to certain conditions that are covered same as any other illness in accordance with the California Mental Health Parity Act.	\$100 Per Admission, Up to 45 Days \$15 Per Visit 20 visits per year N/A Note: Lifetime, visit and day maximums do not apply to certain conditions that are covered same as any other illness in accordance with the California Mental Health Parity Act.
Alcohol and Drug Abuse • Inpatient • Outpatient • Maximum Yearly Outpatient • Lifetime Maximum	10%	20%	10%	20%	\$100 Per Admission \$15 Per Visit Detox Only \$30,000 Maximum benefit combined with Mental Health above.	\$100 Per Admission, Detox Only \$15 Per Visit Unlimited N/A
Home Health Care Skilled Nursing Facility	10%	20%	10%	20%	No Charge No Charge (Up to 60 Days)	No Charge No Charge
Eye Refractions	Not Covered		Not Covered		\$5 Charge Glasses \$10	\$15 Charge
Chiropractic • Frequency Limitations • Yearly Maximum	10%	20%	10%	20%	\$15 Per Visit 30 Visits Per Year	\$15 Per Visit 30 Visits Per Year
Durable Medical Equipment	Covered		Covered		Covered at 100% when prescribed by your Primary Care Physician	Not Covered
	Contact health plans for further details					

***PPO Plans:** Designed to provide freedom to select physicians, specialists, hospitals and other service providers of your personal choice. The PPO plans pay 100% of eligible health care expenses that are in excess of \$10,000 per individual per calendar year.

PPO Provider: County PPO Plans use PacifiCare Signature OptionsSM (PPO) as its Preferred Provider Organization Network. The network consists of individual physicians, laboratories and hospitals. As part of this network these "preferred providers" have agreed to provide services at rates which are lower than their regular charges. This helps reduce the cost of health care for you, your dependent(s) and the County. You or your dependent(s) pay a lower copayment percentage for PPO network providers. Using a PPO network provider is voluntary. You or your dependent(s) decide whether to use a PPO network provider for health care.

Non-PPO Provider: When you or your dependent choose a health care provider who does not participate in the PacifiCare Signature OptionsSM (PPO) Provider Network, you or your dependent pays a higher copayment percentage for non-PPO network providers.

****HMO Plans:** Designed to provide quality comprehensive medical services, routine and preventive care while controlling costs by using either its own doctors or health care centers or by providing services through contractual arrangements with community health care providers.